

**UPPER PERKIOMEN HIGH SCHOOL**  
**2 Walt Road, Pennsburg, PA 18073 (215)679-5935**

**Upper Perkiomen School District**  
**SAP- Parent/Guardian Consent**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Your child, \_\_\_\_\_, has been referred to the \_\_\_\_\_ Student Assistance Program (SAP). This voluntary program is available to offer supportive services to students experiencing academic, behavioral, and/or emotional difficulties that may pose barriers to school success. Students can be referred to the SAP by parents/guardians, school personnel, peers or self-referrals. The SAP team is comprised of specially trained teachers, administrators, school counselors and a mental health and/or drug & alcohol consultant(s). Our goal is to work with you and to offer support and recommendations for your son/daughter. Where barriers are beyond the scope of the school, the team can provide information so families may access community resources.

You are a vital part of the team and the SAP team values the importance of parent/guardian involvement in this process. A team member is ready to talk with you about the referral and obtain information about your child. With your permission, our Student Assistance Team will initiate the SAP process which includes meeting with your son/daughter.

Please complete the bottom portion of this letter and return it in the addressed stamped envelope by \_\_\_\_\_. If you have any questions about the Student Assistance Program, please call \_\_\_\_\_, SAP team member, at \_\_\_\_\_. Thank you for being part of our team.

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\_\_\_\_\_ I give permission to proceed with the student assistance process and for a member of the SAP team to interview my child,

\_\_\_\_\_.

\_\_\_\_\_ I would like to be present when my child, \_\_\_\_\_, is interviewed.

\_\_\_\_\_ I do not give permission to proceed with the Student Assistance Program.

Parent(s)/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_